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Bib Data Sheet

**CONFIRMATION NO. 7703** 

| <b>SERIAL NUMBER</b> 09/842,668                                                                                                 | FILING DATE<br>04/27/2001<br>RULE                                                 | <b>CLASS</b><br>348                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | i                                                                                                          | OUP ART UNIT<br>2614 |     | ATTORNEY<br>DOCKET NO.<br>2001_0512A |  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------|-----|--------------------------------------|--|
| Norihiko Kumon<br>** CONTINUING DATA<br>** FOREIGN APPLICA                                                                      | vashi, Hyogo, JAPAN;<br>, Osaka, JAPAN;<br>A ************************************ | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |                      |     |                                      |  |
| ** 06/15/2001                                                                                                                   | GN FILING LICENSE                                                                 | GRANTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |                      |     |                                      |  |
| Foreign Priority claimed  35 USC 119 (a-d) conditions met  Verified and Acknowledged  Allowance  Examiner's Signature  Initials |                                                                                   | JAPAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SHEETS<br>DRAWING<br>7                                                                                     | TOTA<br>CLAIM<br>20  | VIS | INDEPENDENT<br>CLAIMS<br>3           |  |
| ADDRESS<br>000513                                                                                                               |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                      |     |                                      |  |
| TITLE                                                                                                                           |                                                                                   | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                      |     |                                      |  |
| Nireless moving image                                                                                                           | and audio transmitting                                                            | , system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |                      |     |                                      |  |
| RECEIVED No.                                                                                                                    | Authority has been giv to charge/cre for following:                               | NT   1.16   1.17   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18   1.18 | ☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit |                      |     |                                      |  |